

MIRFIELD
URBAN
DISTRICT



**ANNUAL
REPORT**
OF THE
MEDICAL OFFICER
OF HEALTH
FOR THE YEAR 1949

WILLIAM MASON DOUGLAS
Medical Officer of Health.


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MIRFIELD URBAN DISTRICT COUNCIL,
1949-50.

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Councillor GEORGE WALKER TALBOT.

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PUBLIC HEALTH AND HOUSING COMMITTEE

Councillor TALBOT, Chairman

Councillor HARDY, Deputy Chairman

Consists of all the Members of the Council.

TO THE CHAIRMAN AND MEMBERS OF THE MIRFIELD URBAN DISTRICT COUNCIL.

Mr. Chairman and Gentlemen,

I have the honour to submit to you the Annual Report relating to the Urban District of Mirfield and the work of the Health Department for the year 1949. Some account is again given of the Health Services provided in the Mirfield area which it is the duty of the County Council to provide. This serves to give some indication of the health of certain sections of the community and the provision which is made to bring about desired improvements. It is appropriate that the Health Services administered by the Mirfield Council and those of the County Council should be considered in conjunction, since, in this instance, both are directed to the same end, namely, the promotion of the health and well-being of the community.

A study of the vital statistics for the year under review reveals that there were 187 live births and 167 deaths, resulting in a natural increase in population (births minus deaths) of twenty. The birth rate of 15.7 is, therefore, lower than that for the country as a whole, and is following the national trend of progressive decline since the peak year of 1947. The death rate of 13.98 is also higher than that for the country as a whole and for the aggregate of the West Riding Urban Districts. The application of the comparability factor, supplied by the Registrar General, enables us to compare the death rate with that of other areas as if the age and sex constitution of the populations were identical; the modified death rate is 13.4 per thousand estimated population compared with the national rate of 11.7 per thousand estimated population. The commonest causes of death are heart disease, cancer, diseases of the circulatory system, and diseases of the respiratory system, and over half of the deaths occurred at age sixty-five years and over.

The one particularly gratifying feature of the vital statistics is the infantile mortality rate. During the year only four children under one year of age died. In each case death was considered to be due to congenital abnormalities, and in our present state of medical knowledge "unpreventable." There were thus no infant deaths due to infection, which is quite remarkable when one considers the environment of some of these babes. I think it is true to say that there is, in Mirfield, quite a high standard of infant care, and I make this assertion, not as the result of one year's statistics, but rather from personal observation and the scrutiny of many reports.

It is unfortunate that there were nine still-births during the year, giving a rate of 45.9 still-births per thousand total births, and although ante-natal

care prevented the occurrence of any maternal deaths there is still much room for the acquiring of knowledge and methods which will prevent still-births. Quite apart from personal considerations, the ageing population renders doubly valuable every infant life which can be brought into being or saved.

There was a fairly heavy incidence of infectious disease during the year, mainly accounted for by measles, whooping-cough and infantile paralysis. The incidence of infantile paralysis was higher than it has ever been before. In this part of the West Riding the disease first appeared in Dewsbury in April, was recognised to be spreading in June, and the first case occurred in Mirfield in early July. Between then and the third week in November eleven notifications of the disease were received, ten in children and one adult. There was only one death—that of the adult. Of the remainder five made complete recovery and at the end of the year five were still receiving treatment for residual paralysis. The epidemiology of poliomyelitis is still, in the light of our present knowledge, a matter of some speculation. It appears most likely to be spread by air-borne infection from healthy carriers of the organism, although we must be mindful of the possibility of fly-borne or intestinal spread. There is little doubt that physical strain following commencement of the infection is very prejudicial to the course of the disease, and this was observed in our series of cases.

For the fourth year in succession no cases of diphtheria occurred in Mirfield, and I think that this splendid result can fairly be attributed largely to immunisation against the disease.

The time will come, perhaps, when we shall be able to control tuberculosis by similar means. Immunisation by the Bacillus Calmette-Guérin vaccine is already available for selected cases, but it can have but little hope of success until supplied on the widest possible scale. In collaboration with the Tuberculosis Officer we have attempted to come to grips with the disease along existing lines in Mirfield, and while a very great deal remains to be done, I feel that a substantial improvement in the service has been effected during the year.

In the field of environmental hygiene the work has, of course, been able to expand over previous years, largely owing to the engagement of an additional sanitary inspector. This increase has been achieved in spite of clerical difficulties within the department, and there is little doubt that the decision to augment the sanitary inspector's staff was a wise one, and of considerable benefit to the community. Much of the present day work in connection with housing is a policy of make do and mend, which is unsatisfying in the extreme, but of very great value in the light of present re-housing progress. We should not be lulled into any sense of complacency with the statement that only twelve cases of over-crowding remain to be dealt with on our housing lists. We are dealing with human beings, and the present standards of statutory over-crowding are an insult to the intelligence of any thinking person.

Mirfield, of course, like many other places, has much old property which is fit only for demolition, and the living conditions of many members of the community are distressing in the extreme, but, speaking generally, there are few aggregations of slum property of any size in the district, and hence, those who have to live in the worst houses have, on the whole, a better chance of preserving health than they would have in the slum areas of many of our cities.

Good progress has been made with the supervision of the cleanliness of food stuffs and the hygiene of food handling, and particular attention has been paid to the conditions under which ice cream is made and sold within the district. At the moment of writing there is little information as to how the provisions of the Milk and Dairies Regulations, 1949, which came into force in October of this year, will serve to improve the quality and cleanliness of this essential commodity. It will be remembered that the responsibility of visitation of the farms, and the sampling of milk on the farms for cleanliness, is now removed from Local Authorities and transferred to the Ministry of Agriculture and Fisheries. The situation is fraught with danger; if there is reduction of the preventive work previously done in connection with the hygiene of milk production at the farm, then the step will indeed be retrograde. Until we are assured that this will not be so, you may take it as certain that this department will continue to do all in its power to ensure that clean and safe milk is delivered to the consumer. I hope that it may be possible before 1954 for this to become a designated area in which only tuberculin tested, attested, or pasteurised milk can be sold.

Reference to various other sections of the report indicates the wide scope of the Local Health Authority Services operating in the Mirfield area, and also give some indication of the extent to which their provision is essential. This is a point which should always occupy our attention. At the present moment there is so much which appears to be necessary that it is quite impossible to cover all aspects of the work. We should like, for example, to pay a great deal more attention to the visitation of the aged, to devote more time to the after-care of illness, and particularly of mental illness, to pursue a vigorous policy in regard to health education in the schools, and many other subjects. The time will no doubt come when we shall feel able to pursue these lines at the expense of much of our present work, but this point has not, I think, quite yet been reached.

In connection with the welfare of the aged, reference must be made to the formation of the Mirfield Old People's Welfare Committee which may become a great influence for good in the lives of the aged of the district. This work, which is still in its infancy, is capable of enormous expansion, perhaps along lines which, to-day, are new to us and untried. My department is anxious to co-operate with it to the fullest extent, and it may be that from this will grow a great scheme of care of the aged along lines similar to, but better than, the finest schemes which exist in the country for the care of the infant.

I should like to pay tribute to all members of my staff for their loyalty and hard work during the year, and to the general practitioners, head teachers of schools, and many others, who have at all times offered their co-operation. I should like, particularly, to thank Mr. Johnson, the Chief Sanitary Inspector, for his loyal help at all times, and for compiling that part of the report which relates to the sanitary inspectors.

Finally, may I say how greatly I have appreciated the support and understanding which has been accorded me by the Mirfield Council and its officials throughout the year, and who have done much to advance the work of the Health Department.

I am, Mr. Chairman and Gentlemen,

Your obedient servant,

W. M. DOUGLAS,

Medical Officer of Health

and Divisional Medical Officer.

MIRFIELD URBAN DISTRICT

Area of district in acres at 1931 census	.....	.....	.....	3,394
Population at 1931 census	.....	.....	.....	12,099
Number of inhabited houses at end of 1931	.....	.....	.....	3,550
Number of families or separate occupiers at end of 1931	.....	.....	.....	3,209

Statistical Summary of the area for 1949 in comparison with 1948

			1948	1949
Area of the district in acres	.....	.....	3,394	3,394
Estimated population (mid-year)	.....	.....	11,950	11,940
Average number of persons per acre	.....	.....	3.53	3.51
Estimated number of dwellinghouses (end of year)			4,165	4,200
Average number of persons per house	.....	.....	3	3
Rateable Value at 1st April	.....	.....	£54,108	£54,627
Product of Penny Rate (estimate)	.....	.....	£212	£214
Crude Death Rate per 1,000 estimated population			14.2	13.98
Comparability Factor	.....	.....	(not available)	0.96
Standardised Death Rate	.....	.....	(not available)	13.4
Birth Rate per 1,000 estimated population	.....		17.2	15.7
Still-birth Rate per 1,000 total live and still-births			23.8	45.9
Infant Mortality Rate per 1,000 live births	.....		29.3	21.4
Maternal Mortality Rate	.....	.....	Nil	Nil

POPULATION AND SOCIAL CONDITIONS

The population of the Urban District of Mirfield at the 1931 Census was 12,099, and the Registrar General's estimate of the population for the year 1949 is 11,940, which figure is used throughout this Report in calculating rates.

Although there are a number of important industries established in the district, mainly textiles, wool and cotton, and malting, it cannot be said to be heavily industrialised, and there is ample open space and fine residential localities. To some extent Mirfield may be said to form a dormitory town for Dewsbury and Huddersfield.

Unemployment during the year was negligible, and in fact, at the end of 1949 there were only three males unemployed, and of these two were over sixty years of age and on the Disabled Persons Register. As is common in the heavy woollen districts of the West Riding there is a very substantial employment of female labour. In Mirfield the proportion is about twenty-six per cent. of the total insured population of 5,800. There is no extensive employment of foreign workers in the district mainly owing to lack of accommodation, and it is estimated that only about fifty European Voluntary Workers are continuously employed. There is, therefore, a steady demand for additional workers in almost every industry, and there is a particular demand for female labour. In order to try to overcome this one firm during the year opened a day nursery where the mothers employed in the factory could place their young children under the care of competent staff, while so engaged. This same firm also runs a hostel for European Voluntary Workers.

These statistics relating to employment have kindly been supplied by the Manager of the Mirfield Employment Exchange.

VITAL STATISTICS FOR THE YEAR 1949

Live Births.

	Males	Females	Total
Legitimate	94	88	182
Illegitimate	1	4	5
Total	95	92	187

Birth rate per 1,000 estimated population : 15.66.

Live Births Registered in the District.

Ward	Males	Females	Total
Battysford	7	9	16
Eastthorpe	1	1	2
Hopton	—	4	4
Northorpe	8	4	12
	16	18	34
Crossley Maternity Home	68	69	137
	84	87	171

Live Births Transferable to the District.

	Males	Females	Total
Staincliffe General Hospital	30	29	59
Princess Royal Maternity Home	11	9	20
Moorlands Maternity Home	10	11	21
Other Institutions	3	2	5
Total	54	51	105

Live Births Transferable from the District.

	Males	Females	Total
	43	46	89
Total Nett Live Births belonging to District	95	92	187

Still-births.

	Males	Females	Total
Legitimate	1	6	7
Illegitimate	2	—	2
Total	3	6	9

Still-birth rate per 1,000 live and still-births : 45.91.

There were 187 live births during the year which is 18 less than in 1948 and 52 less than in 1947. The birth rate, therefore, follows the general trend throughout the country by showing a progressive decrease, and it will be noted that the Mirfield birth rate is less than that for the country as a whole, and considerably less than that for the large towns and smaller towns.

Approximately 82% of the births took place in hospital. This is a steadily rising proportion in this area, and reflects present economic trends in child bearing, a changing attitude of mind, and the ready availability of suitable institutional accommodation. Much has been said of the benefits to be derived by the mother, the infant and the family from having child-birth in the home. Personally, I feel that the point is somewhat debatable, particularly in the light of present day housing conditions.

The still-birth rate which in Mirfield is 45.9 is much higher this year than for some years past, and considerably higher than that for the country as a whole. The following table shows the conditions with which the still-births were associated :—

	Number of Still-births					
Toxaemia	3
Deformity of pelvis	1
Rhesus incompatibility	1
Abnormal presentation	1
Infectious disease	1
Congenital abnormality of infant	1
Cause unknown	1

Five of these cases received their ante-natal care at the Local Health Authority's Clinic, and four attended their own doctor in the ante-natal period. Six of the still-births took place in hospital and three in domiciliary confinements.

Deaths

	Males	Females	Total
Total Deaths assigned to district	82	85	167
Deaths registered in the district			121
Deaths transferable to the district			46
Death Rate per 1,000 estimated population			13.98
Standardised Death Rate			13.4
Deaths from puerperal causes		Nil	

Deaths of Infants under 1 year :—

	Males	Females	Total
Legitimate	1	3	4
Illegitimate	—	—	—
<hr/>			
Total	1	3	4
<hr/>			

The 167 deaths assigned to the district result in a crude death rate of 13.98, and if the population of Mirfield had the same age and sex constitution of the country as a whole, the death rate would have been 13.4. Over half the deaths occurred in persons aged sixty-five years and over, and the main causes of death were Heart Disease (over one third), Cancer and Intra Cranial Vascular Lesions. These are, in the main, the degenerative processes associated with advanced years, but behind the bare figures lies the fascinating problem of how, when and why these processes commenced. It has, for example, been amply demonstrated that coronary thrombosis has a relationship to social class. The detailed study of, and research into, the vital statistics will undoubtedly yield a rich harvest of medical knowledge over the years.

Mention has already been made that the four infant deaths which occurred during the year were all attributable to congenital abnormalities and diseases. No infant deaths were ascribed to infection. The two babies born prematurely who did not survive, both died within the first twenty-four hours of life and both occurred in hospital. The survival rate of the premature babies is considered to be satisfactory, and facilities for the provision of special equipment for the nursing of premature babies in their own home is available through the Divisional Health Office.

Causes of, and Ages at Death During the Year 1949.

Causes of Death	All Ages	Under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 years and over	Males	Females	Deaths in Institutions
Respiratory Tuberculosis...	4					2	2		2	2	3
Other Tuberculosis ...	1		1						1		1
Cancer ...	24					2	7	15	13	11	7
Intra Cranial Vas. Lesions	19						4	15	6	13	2
Heart Disease ...	65						21	44	27	38	7
Syphilitic Disease ...	1							1	1		
Other Disease of Circ. System ...	4							4	2	2	
Cerebro-spinal fever ...	1			1						1	1
Bronchitis ...	11						1	10	4	7	
Influenza ...	2							2	1	1	
Pneumonia ...	2						2		1	1	1
Other Respiratory Diseases	5						2	3	5		
Other Digestive Diseases ...	2					1	1			2	1
Prematurity ...	2	2							1	1	2
Nephritis ...	5				1	2	1	1	3	2	3
Congenital Mal. Birth Injury Infant Diseases...	2	2								2	2
Diabetes ...	2						1	1	2		1
Suicide ...	2						2		2		
Poliomyelitis ...	1					1			1		1
Road Traffic Accidents ...	4					2	1	1	4		3
Other Violent Causes ...	4					1	1	2	3	1	3
Other Causes ...	4		1				1	2	3	1	2
TOTAL—All Causes ...	167	4	2	1	1	11	47	101	82	85	40

CAUSES OF INFANTILE MORTALITY IN MIRFIELD URBAN DISTRICT, 1949.

CAUSES OF DEATH	1 day and under	2—7 days	8—14 days	15—21 days	22—28 days	In First Month	2—3 months	4—6 months	7—9 months	10—12 months	In First Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Congenital Deformity ...	1					1			1		1	1			
Congenital Disease ...								1			1				1
Prematurity ...	2					2					2			2	
TOTALS ...	3					3			1		4	1		2	1

PREMATURE INFANTS

(i)	The number of premature babies notified during the year whose mothers are normally resident in the Council's area	.....	10
(ii)	The total number of premature babies notified during the year that were born :—		
	(a) at home	.....	1
	(b) in hospital or nursing home	.....	9
(iii)	The number of those born at home :—		
	(a) who were nursed entirely at home	.....	1
	(b) who died during the first 24 hours	.....	—
	(c) who survived at the end of one month	.....	1
(iv)	The number of those born in hospital or nursing home :—		
	(a) who died within the first 24 hours	.....	2
	(b) who survived at the end of one month	.....	7

TABLE SHOWING BIRTH WEIGHTS, ETC., OF PREMATURE INFANTS

Domiciliary Confinements

Birth Weight	No. of Infants	No. of Infants who survived		
		24 hours	2-7 days	1 month
4 lbs.	1	1	1	1
Total	1	1	1	1

Institutional Confinements

Birth Weight lbs. ozs.		No. of Infants	No. of Infants who survived		
			24 hours	2-7 days	1 month
2	4	1	—	—	—
2	6	1	—	—	—
3	13	1	1	1	1
4	6	1	1	1	1
5	1	2	2	2	2
5	3	1	1	1	1
5	4	1	1	1	1
5	6	1	1	1	1
Totals		9	7	7	7

Birth Rates, Death Rates, Analysis of Mortality, Maternal Death Rate, and Case Rate for Certain Infectious Diseases in the year 1949 compared with other areas.

RATES PER 1,000 TOTAL POPULATION							
		England and Wales	126 County Boroughs and Great Towns including London	148 Smaller Towns (Resident Pop 25,000 to 50,000 at 1931 Census.)	London Admin. County	Aggregate of West Riding Urban Districts	Mirfield
Births							
Live	...	16.7	18.7	18.0	18.5	16.8	15.66
Still	...	0.39	0.47	0.40	0.37		0.75
Deaths							
All causes	...	11.7	12.5	11.6	12.2	12.5	13.98
Typhoid and Para Typhoid	...	0.00	0.00	0.00	0.00		—
Whooping Cough	...	0.01	0.02	0.01	0.01		—
Diphtheria	...	0.00	0.00	0.00	0.00		—
Tuberculosis	...	0.45	0.52	0.42	0.52	0.37	0.42
Influenza	...	0.15	0.15	0.14	0.11		0.17
Smallpox	...	0.00	0.00	—	—		—
Acute Poliomyelitis & Polioencephalitis		0.01	0.02	0.02	0.01		0.08
Pneumonia	...	0.51	0.56	0.49	0.59		0.17
Notifications (Corrected)							
Typhoid fever	...	0.01	0.01	0.01	0.01		—
Paratyphoid fever	..	0.01	0.02	0.01	0.01		0.08
Cerebro-spinal fever		0.02	0.03	0.02	0.02		—
Scarlet fever	...	1.63	1.72	1.83	1.46		0.50
Whooping Cough	...	2.39	2.44	2.39	1.70		2.17
Diphtheria	...	0.04	0.05	0.04	0.07		—
Erysipelas	...	0.19	0.20	0.19	0.17		0.08
Smallpox	...	0.00	0.00	0.00	0.00		—
Measles	...	8.95	8.91	9.18	8.54		11.72
Pneumonia	...	0.80	0.91	0.65	0.55		0.08
Acute Poliomyelitis		0.13	0.13	0.12	0.18		0.92
Acute Polioencephalitis		0.01	0.01	0.02	0.01		—
Food poisoning	...	0.14	0.16	0.14	0.19		—
Rates per 1,000 Live Births							
Deaths							
All causes under 1 year of age	...	32	37	30	29	37	21
Enteritis & Diarrhoea under 2 years of age		3.0	3.8	2.4	1.7	3.01	—
Rates per 1,000 Total (Live and Still) Births							
Notifications (Corrected)							
Puerperal fever and pyrexia	..	6.31	8.14	5.30	6.82		5.10
MATERNAL MORTALITY RATE IN ENGLAND AND WALES.							
		Rate per 1,000 Total (Live and Still) Births.	Rates per million women aged 15—44		Mirfield		
Abortion with Sepsis	...	0.11	8		—		
Abortion without Sepsis	...	0.05	4		—		
Puerperal Infections	...	0.11			—		
Other Maternal Causes	...	0.71			—		

INFECTIOUS DISEASE

The most prevalent infectious diseases in Mirfield during the year were whooping cough (26 cases), Measles (140 cases) and poliomyelitis (11 cases). The Public Health Services can do little, if anything, at the present time, to prevent the spread of measles during a period of prevalence in a community, although much helpful advice can be given in the individual household where children have been affected. It is anticipated that in the near future there will be a great increase in vaccination against whooping cough. Trials of different vaccines have been proceeding in various parts of the country during the past few years, and it is understood that a statement of the results of these trials should shortly be available. We, in this country, are somewhat prone to proceed in medical matters with very great caution. It is a matter for some debate as to whether we do not carry this tendency too far. Nevertheless, I look forward to the day when whooping cough will be conquered as rapidly as diphtheria is being overcome. It is a most distressing disease involving often prolonged illness and convalescence, and its seriousness is not reflected in the low mortality rate from this cause.

Reference has already been made to the absence of diphtheria from the Mirfield district during the past four years. It is estimated that the percentage of children immunised against the disease is in the region of 67% of those of pre-school age, and 87% of those of school age, and this can be considered reasonably satisfactory provided it is continuously maintained.

The same happy position does not hold with smallpox. It will be recollected that vaccination against smallpox ceased to become compulsory in 1948, and the responsibility for promoting vaccination was placed upon the Local Health Authorities in a similar manner to diphtheria immunisation. Vaccination against smallpox has never been eagerly sought in this part of the West Riding, and the amount now being carried out is negligible. This is perhaps understandable in the light of the complete absence of smallpox from the area since 1930, in which year five cases occurred. This can be attributed not only to vaccination but to the vigilance of the medical control exercised at the sea ports and landing grounds. Nevertheless it is still true to say that vaccination is a form of insurance against death from smallpox, and it may be that some day we shall have cause to regret our neglect in this matter.

I have written earlier in the report of the outbreak of poliomyelitis which occurred in the district during the year. Little remains to be said about it except that all precautions which seemed reasonable to us were taken at the time, such as exclusion of household contacts from school, and efforts to reduce fly infestation, particularly of privy middens, etc., by spraying with insecticide. In view of the probability that the main spread of the infection is by healthy carriers, it seems unlikely that these measures in any way affected the course of the epidemic.

Tables showing the amount of diphtheria immunisation carried out during the year and the state of diphtheria immunisation in the child population.

Period	Primary Injections		Re-inforcing
	Under 5	5-14	
Six months ending 30th June, 1949	93	58	69
Six months ending 31st December, 1949	92	13	52
Totals for 1949	185	71	121

Age at 31.12.49 i.e. Born in year	Under 1 1949	1 1948	2 1947	3 1946	4 1945	5-9 1940-44	10-14 1935-39
Number immunised	13	144	221	119	147	649	617
Estimated mid-year child population, 1949	Children under 5 975					Children 5-14 1469	
Percentage of child pop. immunised	51.4%					83%	

Table showing persons vaccinated during 1949.

Age at 31st December, 1949, i.e. born in year	Under 1 1949	1-4 1945-48	5-14 1935-44	15 or over before 1935	Total
Number vaccinated	28	31	2	5	66
Number re-vaccinated	—	—	1	6	7

Diphtheria immunisation and smallpox vaccination are made available free of charge by arrangements made by the County Council with the general practitioners, and through the Public Health Services. Arrangements are made to carry out vaccination and immunisation at all the Child Welfare and School Clinics in the area, and special sessions are held at schools where sufficient numbers justify it. During the past few years approach has been made to the parents of every child attending school who has not already been immunised, in an attempt to raise the general immunity of the school population, in particular, against diphtheria.

CASES OF INFECTIOUS DISEASE occurring in Mirfield Urban District classified according to Wards and Quarters, 1949

Disease	Hopton				Battysford				Eastthorpe				Northorpe				Mirfield			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	5
Measles	44	2	—	—	34	5	1	—	24	1	—	1	8	10	10	—	110	18	11	1
Whooping Cough	1	11	—	—	1	6	1	—	3	1	1	—	1	—	—	—	6	18	2	—
Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—
Puerperal Fever	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—
Poliomyelitis	—	—	5	—	—	1	1	—	—	—	1	—	—	1	1	1	—	2	8	1
Paratyphoid B.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
Meningococcal Infection	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
TOTALS	45	13	5	—	35	12	3	1	29	2	2	2	10	11	12	6	119	38	22	9

CASES OF INFECTIOUS DISEASE occurring in Mirfield Urban District
classified according to Age Groups and Wards, 1949

Disease	All Ages	Under 1 year	1 to 5 years	5 to 15 years	15 to 25 years	25 to 45 years	45 to 65 years	Over 65 years	Hopton	Battysford	East-thorpe	Nor-thorpe	Removed to Hospital
Scarlet Fever	6	—	1	5	—	—	—	—	—	—	1	5	1
Measles	140	4	94	42	—	—	—	—	46	40	26	28	—
Whooping Cough	26	—	19	6	—	1	—	—	12	8	5	1	—
Pneumonia	1	—	—	—	—	—	—	1	—	—	—	1	—
Erysipelas	1	—	—	—	—	—	1	—	—	—	1	—	—
Puerperal Fever	1	—	—	—	1	—	—	—	—	—	1	—	1
Poliomylitis	11	1	5	4	—	1	—	—	5	2	1	3	10
Paratyphoid B.	1	—	—	—	—	1	—	—	—	—	—	1	1
Meningococcal Infection	1	—	—	—	—	1	—	—	—	1	—	—	1
TOTALS	188	5	119	57	1	4	1	1	63	51	35	39	14

TUBERCULOSIS

The responsibility for providing the tuberculosis service in Mirfield is now jointly held by the County Council, acting through the Divisional Medical Officer, and the Regional Hospital Board, the Regional Board to provide the medical staff, including hospital and X-Ray facilities, etc., and the County Council to arrange for case finding, prevention, after care, and rehabilitation. It would seem at the moment that the greatest hope for prevention in the future lies in vaccination by the *Bacillus Calmette-Guérin*. This has been extensively employed in Scandinavian countries for some years, and we, in this country, are perhaps being over-cautious in delaying its widespread adoption. This is not a new tale in British medicine. There is little hope, however, that it will prove effective until it can be as freely offered as is diphtheria immunisation to-day, and at the present time it is being exclusively reserved for certain of those in closest contact with the disease.

As a result of the very close working arrangements which I have been able to establish with Dr. Viner of the Regional Hospital Board, who attends the Tuberculosis Clinic at Knowler Hill, Liversedge, I feel that a much more satisfactory position has been reached during the year in regard to the after care, follow up and contact tracing in the area, than has heretofore been the case.

The statistical details of tuberculosis in Mirfield are as follows:—

Fourteen new cases were notified and one case was restored to the register during the year: 11 pulmonary (8 male, 3 female) and 3 non-pulmonary (1 male, 2 female). At the end of the year the figures representing the position in Mirfield were:—

	Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female
(a) Number of Cases on Register at commencement of year	24	14	8	16
(b) Number of Cases notified first time during the year	8	3	1	2
(c) Number of Cases restored to the Register	1	—	—	—
(d) Number of Cases removed from the Register	2	3	1	—
(e) Number of Cases remaining on the Register	31	14	8	18

The following table gives particulars of the 14 new cases notified during the year :—

Age Group				Pulmonary		Non-Pulmonary	
				Male	Female	Male	Female
Under 1 year	.....	.....	.....	—	—	—	—
1-5 years	.....	.....	.....	—	—	1	—
5-10 years	.....	.....	.....	—	—	—	1
10-15 years	.....	.....	.....	—	—	—	—
15-20 years	.....	.....	.....	—	—	—	1
20-25 years	.....	.....	.....	1	1	—	—
25-35 years	.....	.....	.....	2	1	—	—
35-45 years	.....	.....	.....	2	—	—	—
45-55 years	.....	.....	.....	2	—	—	—
55-65 years	.....	.....	.....	1	1	—	—
65 years and over	.....	.....	.....	—	—	—	—
Totals				8	3	1	2

Three notifications were received of admission of persons suffering from Tuberculosis to Sanatoria and six discharges. The following are the Institutions to which Tuberculosis patients were admitted :—

				Admissions	Discharges
Middleton-in-Wharfedale	.....	.....	.....	—	4
Bradley Wood Sanatorium	.....	.....	.....	1	1
Douglas House, Bournemouth	.....	.....	.....	—	1
Scotton Banks	.....	.....	.....	1	—
Whitley Grange	.....	.....	.....	1	—
Totals				3	6

VENEREAL DISEASE.

The responsibility for measures taken to prevent the spread of venereal disease falls upon the County Council. Owing to the highly confidential nature of this work, field investigation, contact tracing, etc., is undertaken by central office staff specially trained in this work. The medical treatment of cases is largely undertaken by medical specialists employed by the Regional Hospital Board. A very close relationship has been established between these workers, the general practitioners, and the laboratory services of the Medical Research Council. I have to record my appreciation of the co-operation which has always been forthcoming from all concerned.

Facilities for the treatment of venereal diseases are available in the neighbourhood as follows:—

Huddersfield Royal Infirmary

Women		Men	
Monday	2- 0 p.m.— 4- 0 p.m. 5- 0 p.m.— 7- 0 p.m.	Monday	2- 0 p.m.— 4- 0 p.m. 5- 0 p.m.— 7- 0 p.m.
Wednesday	10- 0 a.m.—12- 0 noon 2- 0 p.m.— 4- 0 p.m.	Wednesday	10- 0 a.m.—12- 0 noon 2- 0 p.m.— 4- 0 p.m.
Friday	2- 0 p.m.— 4- 0 p.m. 5- 0 p.m.— 7- 0 p.m.	Friday	2- 0 p.m.— 4- 0 p.m. 5- 0 p.m.— 7- 0 p.m.

Royal Halifax Infirmary

Women and Children		Men	
Tuesday	2-30 p.m.— 4-30 p.m. 5- 0 p.m.— 7- 0 p.m.	Daily	11- 0 a.m.— 8- 0 p.m.
		Thursday	6- 0 p.m.— 8- 0 p.m.

Dewsbury and District General Infirmary

Women		Men	
Monday	1-30 p.m.— 4- 0 p.m.	Monday	1-30 p.m.— 4- 0 p.m.
Friday	6- 0 p.m.— 9- 0 p.m.	Thursday	10-30 a.m.—12- 0 noon
		Friday	6- 0 p.m.— 9- 0 p.m.

MENTAL HEALTH SERVICES

Mental Deficiency.

The duties of the Local Health Authority in connection with the supervision of mentally defective persons are now carried out through the Divisional Medical Officer. This is of considerable advantage by virtue of his joint appointment as Medical Officer of Health of the District Council and of his position as Divisional School Medical Officer. It will be seen that the adequate performance of these duties by the officer employed in the domiciliary supervision demands much time and patience. The scope of the work ranges from supervision of the conditions in the household, to consultation with Youth Employment Officers, prospective employers, relatives, police, general practitioners, headmasters, and others.

It can by no means be said that all is being done for the mentally defective persons in the Mirfield area that could and should be done. We have, for instance, no Home Teacher employed in instructing these people in rudimentary subjects or crafts, nor is there any Occupation Centre at which they can be received daily, and in which they can gain companionship and instruction. These may sound simple matters, but their effects upon the defective are considerable, not to mention that produced upon the parents, relatives and guardians concerned. There is also the greatest difficulty in obtaining institutional accommodation for defectives requiring a degree of care and protection which cannot be supplied in their own homes, and, in fact, the waiting period for such admission may be several years. This is not fair, either to the defectives themselves or to the public at large.

Mental Deficiency Statistics

	Male	Female	Total
No. of cases under Guardianship Orders			
1st January, 1949	1	1	2
No. of cases under Statutory Supervision			
1st January, 1949	4	2	6
	5	3	8
Cases transferred from another Local Authority during 1949	1	—	1
	6	3	9
No. of cases under Guardianship Orders			
31st December, 1949	—	1	1
No. of cases under Statutory Supervision			
31st December, 1949	6	2	8
Total number of cases receiving some form of supervision	6	3	9

Since these cases came under the supervision of this Department in August, 1949, the following visits have been made:—

	Male	Female	Total
No. of visits to cases under Guardianship Orders	—	2	2
No. of visits to cases under Statutory Supervision	8	1	9
Total number of visits	8	3	11

Mental Illness.

A start was made during the year to provide the beginnings of a more complete Mental Health Service for those who are mentally ill. The Duly Authorised Officer acts by virtue of the Lunacy and Mental Treatment Acts. He is concerned with the legal aspects of certification and removal to hospital and in so far as these duties are concerned, he is responsible to the Divisional Medical Officer. The social worker in mental illness should be available for investigation and preparation of background reports, including home conditions and work environment, family history, etc., and he should also be capable of providing after care to further the treatment which the patient has received in hospital, and to assist in his rehabilitation. In my view, the duties of the Duly Authorised Officer and the social worker should repose in one officer, and not be separate as they are in the West Riding scheme.

No Mental Health Social Worker has until now been employed in this area, but I have been fortunate in being able to make some little use of a member of my staff who received some training in the work. It will be appreciated that the qualities required for this type of work, are, in addition to specialised training, those of personality, pertinacity, and a high sense of vocation. I can only say that while the volume of work has been little, the quality has been good. If little else has been achieved it has become evident that there is enormous scope for expansion in this direction. It is a service which I believe will be greatly appreciated by general practitioners and psychiatrists alike, and one cannot help but feel that at the present time much of the good work being done in mental hospitals is not reaping its full benefit because of the inadequacy of provision for follow up and after care.

Mental Illness Statistics

	Male	Female	Total
No. of cases on register at 1st January, 1949	3	2	5
No. of cases discharged from mental hospitals during 1949	4	2	6
No. of cases referred by the National Association for Mental Health	2	—	2
No. of cases referred by General Practitioners	1	1	2
	<hr/> 10	<hr/> 5	<hr/> 15
No. of cases receiving after-care treatment during 1949	3	1	4
No. of cases taken off register during 1949	1	1	2
	<hr/> 2	<hr/> —	<hr/> 2
No. of cases to be visited to ascertain desire for after-care treatment at 31st December, 1949	8	5	13
	<hr/>	<hr/>	<hr/>
Total number of visits made to patients during 1949	7	1	8
	<hr/>	<hr/>	<hr/>

Visits to former mental hospital patients in connection with the Authority's After-care scheme commenced within the area in April, 1949. The two initial cases dealt with were those referred to the Local Authority by the National Association for Mental Health. These cases were visited and both expressed desire for after-care to be provided by the Local Authority. One of them left the district and was transferred to the appropriate Local Authority.

Two cases (one male and one female) thought to be in need of mental treatment have been referred by General Practitioners for investigation. The female left the district and the case was taken up successfully by the Local Authority into whose area she moved and she was admitted to a mental hospital as a Voluntary Patient. The other case was a most interesting one and worthy of mention. This man had, through ill-health, sunk into a mental depression from which he could not be roused. His doctor tried to persuade him to undergo treatment as a Voluntary Patient, but his efforts failed. A consultant psychiatrist was called in, but again the man declined. The doctor approached the Social Worker to see if pressure could be brought to bear. Two visits were paid with no apparent success, but the week following the last visit the doctor communicated to the Office the fact that he had found the patient to be so much improved both physically and mentally that in his opinion, mental treatment was not now necessary. The man has continued to make satisfactory progress and contact, at the patient's own request, has been maintained by the Social Worker.

Successful contacts have been made with officials in Government Departments, e.g., Ministries of Pensions, Labour, National Insurance and the National Assistance Board, who have proved at all times helpful and co-operative.

Time has not permitted as many former hospital patients to be followed up as one would have liked, but those that have been visited expressed their desire for After-care and have been visited regularly. Some of the cases have taken the trouble to visit the Office seeking advice and help. Their problems have been discussed and their minds relieved of the strain of what appeared to them to be difficult situations.

DOMICILIARY NURSING SERVICE

Home Nursing.

During the year a very large volume of Home Nursing work continued to be carried out by the two District Nurse Midwives operating in the district. The value of this work in hastening the cure of disease, acting under instruction of the General Practitioners, cannot be over-estimated. There is no doubt at all that many people can receive adequate nursing care in their own homes who would otherwise require to be admitted to hospital. The administration of the nursing services where the duties of home nursing and midwifery are combined, is not without its difficulties in an area of this size. One of the benefits of divisionalisation, however, is that other trained staff are available for relief duties at times when the nurses employed in the Mirfield area are incapacitated through sickness or absent on holidays.

During the year a much closer relationship has been built up between the Home Nurses and the other Social Workers of the Health Department, and this, I feel sure, has been a great advantage to all concerned, and to the patients in particular.

The following information relates to the home nursing work done by the District Nurse Midwives during the year:—

(a) Number of cases being attended on 1st January, 1949	.....	25
(b) Number of new cases attended during the year	.....	286
(c) Number of visits paid during the year	.....	4,081
(d) Number of cases being attended on 31st December, 1949	.....	29

Midwifery.

The West Riding County Council is the local supervising authority under the various Midwives' Acts, and the work of the midwives is co-ordinated through the Divisional Public Health Department.

Both of the District Nurse Midwives are trained in the administration of gas and air analgesia, but during the year only sixteen patients availed themselves of this service.

Much of the midwives' work consists in visiting the patient's home prior to the confinement, to supervise her general health, and the arrangements to be made at the time the confinement takes place. It is our practice, also, whenever possible, to supervise the ante-natal period of those who book to have their confinements in hospital. In addition, the midwives attend the ante-natal clinic, where they have further opportunity to continue the educational aspect of their work. The amount of domiciliary midwifery taking place in the district shows a steady decline, as the proportion of women admitted to hospital for their confinements increases.

Details are given of the midwifery work done by the District Nurse Midwives during the year :—

(a) Labours conducted—

(i) As midwife	.....	.....	.....	.....	34
(ii) As maternity nurse	.....	.....	.....	.....	1
				Total	<u>35</u>

(b) Ante-natal visits 409

(c) Post-natal visits 718

The midwives sought medical aid on 10 occasions, details of which are given below :—

No. of Medical Aid Notices issued because of complications arising in/during—

(i) Pregnancy	.....	.....	.....	.....	.....	Nil
(ii) Labour	.....	.....	.....	.....	.....	7
(iii) Lying-in	.....	.....	.....	.....	.....	1
(iv) The child	.....	.....	.....	.....	.....	2

Labour.

Ruptured perineum	5
Prolapse of cord	1
Episiotomy	1

Lying-in.

Phlebitis	1
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The Child.

Discharge from eyes	1
Still-birth	1

ANTE-NATAL CLINICS

The Ante-Natal Clinic is held weekly at Ings Grove House, Mirfield. The figures given below relating to attendances at this clinic show that the majority of expectant mothers in the district attended.

I believe that the Local Health Authority Ante-Natal Clinics have still a great part to play in the midwifery services, even although hospital and general practitioner services are now available free of charge to the patient. The doctors, midwives, and health visitors in attendance at the clinics have the advantage of time to spend on the educational aspect of the work, instruction on such things as proper clothing, diet, care of the teeth, preparation for the birth of the baby, etc. That this is gaining recognition from the general practitioners is evident from the increasing numbers of women who are referred for their routine ante-natal care by their own doctors, and it is pleasant to record their co-operation in this way.

Attendance early in pregnancy is encouraged, and in all cases the grouping of blood and the determination of the rhesus factor, together with special examinations of the blood is carried out. A large proportion of women are found to have some degree of anaemia, and appropriate treatment is ordered. It is noteworthy that 80% of the blood examinations revealed the presence of anaemia, the hemoglobin content being below 90%. Much of the time is devoted to the instruction and preparation of the mother for her confinement, and the importance of pre-natal preparation of the breasts is stressed. Any abnormalities found during the examinations are reported to the patient's own doctor, and, if necessary, to the hospital clinic where the patient is to be confined in hospital. Mothers who require periods of rest or relaxation before confinement for various reasons, insufficient in themselves to warrant admission to hospital, are referred to the Ante-Natal Hostel at Brighouse for as long as may be necessary, and are returned to hospital or their own homes for confinement. The great drawback of this hostel is that it has no residential nursery accommodation for the younger children of these mothers, and consequently, there is often refusal to accept the benefits of the rest which so many mothers require under present day conditions.

It is most gratifying to record a large increase in the number of patients attending the clinic for post-natal examinations and advice. This is an important part of a good midwifery service, and much minor illness, discomfort, and disability, can no doubt be prevented by careful and knowledgeable examination after the confinement has taken place.

Total ante-natal attendances during the year	.....	.....	1,251
Total post-natal attendances during the year	.....	.....	104
Number of individual ante-natal patients	.....	.....	250
Number of individual post-natal patients	.....	.....	104
Number of sessions during the year	.....	.....	49
Average attendance per session	.....	.....	27

HEALTH VISITORS

The duties of the modern health visitor cover an enormous field. She is concerned with the visiting of expectant mothers, and of infants in their own homes, with attendances at Ante-Natal Clinics, Post-Natal Clinics, and Infant Welfare Clinics. She is concerned with problem families, and with advising on any health problem within the household, particularly in connection with the Home Help Service. She also has duties in relation to the aged and to the school child, and in the latter connection she carries out cleanliness inspections at schools, routine testing of eyes, treatment of minor ailments, and attendance at school medical inspections, very often following up the results of this work into the homes of the children.

It is obvious that only a comparatively small proportion of this type of work which could be done, can be done, and it behoves us continuously to be searching for the most valuable point of application of the skilled work of the health visitor. This is not by any means easy to determine. At the moment there is still every indication, here at least, that the greater part of the time should be spent on infant welfare and in the schools. We are anxious to expand the work of the health visitor among old people and in health education, and also in relation to liaison with the hospitals and the general practitioners, but it is not yet clear what other work we can afford to relax in order to pursue these lines vigorously.

Figures relating to the work of the health visitors, for maternity and child welfare work only, are given below, together with similar comparative figures for the previous year.

Number of visits paid during year :—

	1949	1948
(a) To expectant mothers :—		
(i) First visits	53	13
(ii) Total visits	82	23
(b) To children under 1 year of age :—		
(i) First visits	179	149
(ii) Total visits	2,142	2,642
(c) To children between the ages of one and five years :—		
(i) Total visits	1,483	2,476
(d) To other classes :—		
(i) Total visits	64	

INFANT WELFARE CLINICS

The Infant Welfare Clinic is held weekly at Ings Grove House, and this is well attended by mothers and infants from all parts of the Mirfield area. At this clinic medical consultations are available, and the parent of each child attending for the first time is asked to have a discussion with the doctor on the child's condition and its general management.

Immunisation against diphtheria is also carried out at this clinic, and baby food and dietary supplements are offered for sale. I have to record my appreciation of the efforts of the voluntary workers at this clinic, who never fail to attend, and who do much to ensure its continued success.

The following figures show the attendances, etc., during the year:—

Attendances of infants under 1 year	.....	.....	.....	1,699
Attendances of infants 1 to 5 years	.....	.....	.....	363
Total attendances	.....	.....	.....	2,062
Number of medical consultations	.....	.....	.....	539
Number of sessions held during year	.....	.....	.....	51
Average attendance per session	.....	.....	.....	40

Number of children under five years of age who first attended at the clinic during the year and who, on the date of their first attendance were:—

(a) Under 1 year of age	.....	.....	.....	.....	145
(b) Over 1 year of age	.....	.....	.....	.....	10

Number of children under 5 years of age who attended at the clinic during the year, and who, at the end of the year were:—

(a) Under 1 year of age	.....	.....	.....	.....	115
(b) Over 1 year of age	.....	.....	.....	.....	201

HOME HELP SERVICE

The Home Help Service made available in accordance with provisions of Section 29 of the National Health Service Act, is organised on a Divisional basis with complete availability for the staff to be employed either in the Mirfield or the Spenborough areas. Apart, therefore, from odd periods due to sickness, etc., of the Home Helps, it was found possible to supply every case in the Mirfield area who applied for such assistance, with the help which they required. Mirfield residents have, on the other hand, not found it necessary to make extensive demands upon this service, and that, I think, is very interesting, in the light of the heavy demand in neighbouring areas. I am unable to give a clear cut reason why this should be so, but I think it would prove a very useful field for investigation if the requisite time and staff were available. The Home Helps are employed solely for domestic duties and household management in cases where, by reason of illness or incapacity, the family cannot manage without help. Home Helps are specifically restricted from undertaking any nursing care or from acting as "sitters in." Before a Home Help is supplied to any case the household is visited by a Health Visitor who determines the need for such help and the extent to which it should be provided. By virtue of her extended duties as advisor on health matters to all sections of the population, she also continues to supervise the case until its conclusion. There is no doubt that this has many advantages and tends towards economic use of the service.

The following figures show the number and types of cases provided with Home Help in the Mirfield area during the year:—

Number of cases provided with Home Help during the year	13
---	----

Reason for provision:—

(i) Ill	5
(ii) Lying-in	2
(iii) Aged—infirm	6

SCHOOL HEALTH SERVICE

The aim of the School Medical Service is to provide in as complete a manner as possible for the routine medical check up of school children at selected ages, and to provide for the treatment of the defects found, in so far as this does not conflict with the province of the general practitioner, and to do so in a manner which interrupts as little as possible the educational curriculum of the child. We are still at the stage of hoping that a certain amount of education in health is imparted in the course of these duties. We have not yet found the opportunity to include adequate systematic health education in the school medical service programme.

It is my belief that we have established a very sound school medical service in Mirfield, which has been built up and added to over the years, and it is largely dependent on the co-operation which we have received from the school teachers, from the Divisional Executive, from the Youth Employment Officer, and others. A point has been made to attempt to do as much in the way of inspection, treatment, etc., in the schools themselves, as is possible; the School Nurse visits the schools at least once a week, and by this system good liaison has been attained and the attendance of children at outside clinics kept to the minimum of what is essential. This problem of keeping the children in the schools, compatible with arranging for the examination and treatment of various defects, is one which should receive further attention, and I believe that much can still be done in this direction.

Mirfield has been extremely unfortunate in the complete lack of provision which has been made for the dental care of its school population. There has, in fact, been no routine dental inspections carried out in the Mirfield schools during the year. I should very much welcome a dental survey in the Mirfield area for comparison with, for example, Spennborough, which has never been without the services of a school dental officer, and I believe that this would throw into even greater relief the folly of those whose decisions resulted in the neglect of preventive dentistry in childhood.

It is necessary, too, to point out once again the complete lack of facilities for the education of the educationally sub-normal children in this area. It shows little likelihood of early solution, but it is a problem of vital importance, not only in the educational system, but also to the school medical service.

A statistical summary is given of the work of the school medical service as carried out in Mirfield during the year.

Total number of children examined at Routine Medical Inspections :—

Entrants	.....	.....	.....	.....	.....	.....	.....	204
Intermediates	.....	.....	.....	.....	.....	.....	.....	254
Leavers	.....	.....	.....	.....	.....	.....	.....	77
Total								535

Total number of children who have been re-examined for follow-up of defects 98

Standards of physical development classified into age groups :—

Age Group	Nutrition A Above Average	Nutrition B Average	Nutrition C Poor
Entrants	24	177	3
Intermediates	37	216	1
Leavers	22	55	—
Totals	83	448	4

Percentages

Age Group	Nutrition A Above Average	Nutrition B Average	Nutrition C Poor
Entrants	11.7	86.8	1.5
Intermediates	14.6	85.0	0.4
Leavers	28.6	71.4	—
Totals*	15.5	83.7	0.8

During the year 109 free issues of dietary supplements in the form of iron tonics were made to school children of poor physical development where recommended by the School Medical Officer.

The following table shows the number and type of defects discovered at the Routine School Medical Inspections:—

Defects Table

Defects	Recommended for Treatment	Recommended for Observation	Total
Skin	9	6	15
Ears—Otitis Media	—	1	1
Other	—	2	2
Nose and Throat	17	55	72
Speech	2	8	10
Cervical Glands	1	38	39
Heart and Circulation	7	11	18
Lungs	2	14	16
Orthopædic	35	9	44
Other Defects	17	21	38
Total	90	165	255

Special Examinations

In accordance with the requirements of the Education Act, 1944, a number of children have been referred by the Education Authority which has necessitated the arrangement of special examinations. Nine such children were examined during the year and the table below shows their classification.

Blind	1
Partially sighted	1
Delicate	1
Maladjusted	1
Educationally sub-normal	2
Physically handicapped	3

One child was referred to the Child Guidance Clinic for treatment. The Child Guidance Clinic made available to the district is situated at Barnsley.

Eyes

The services of a Consultant Ophthalmologist were available during 1949, and he held his first Eye Clinic at Ings Grove House, Mirfield, on 24th February, 1949. A Clinic was arranged when the need arose and a total of 18 sessions was held during the year.

The following statistics give details of cases referred:—

Number of children referred to specialist for defective vision—

(a) from routine inspections	.....	.....	.....	.....	26
(b) from special inspections and the School Nurses	.....	.....	.....	.....	102
Number examined by Ophthalmologist for the first time	.....	.....	.....	.....	114
Number of sessions held during the year	.....	.....	.....	.....	18
Number for whom spectacles were prescribed	.....	.....	.....	.....	87
Number of re-examinations	.....	.....	.....	.....	58
Number on waiting list at the end of the year	.....	.....	.....	.....	14
Number referred to Ophthalmologist for treatment of squint	.....	.....	.....	.....	4
Number under observation for squint	.....	.....	.....	.....	2

Minor Ailments

Minor ailments are treated by the nurses both at the clinic and in the schools. The following table gives details of such treatments during 1949:

Minor Ailment	No. treated
Skin :—	
Impetigo	10
Other skin diseases	15
Eye Disease	56
(External and other, but excluding squint, errors of refraction and cases admitted to hospital).	
Ear Defects	32
(e.g., minor injuries, bruises, sores, chilblains, etc.)	
Miscellaneous	1,671
	<hr/>
Total	1,784
	<hr/>
Total number of attendances at Authority's minor ailment Clinics	2,106
	<hr/>

Orthopaedic Treatment

A special Orthopaedic Clinic was held once a month at Staincliffe General Hospital when the Orthopaedic Surgeon was in attendance.

The following table gives the number and types of cases referred during 1949 :—

Number of children referred to Orthopaedic Surgeon :—

(a) from school medical inspections	.....	.....	.....	2
(b) from other inspections	.....	.....	.....	13
Number of children found to require treatment	.....	.....	.....	12

The following defects were treated :—

Defects	No. of children treated
Flat Foot	5
Torticollis	2
Kyphosis	1
Genu Valgum	1
Scoliosis	1
Dislocation of hips	1
Congenital deformity of foot	1

Physiotherapy

The Physiotherapist conducted her clinic at Ings Grove House, Mirfield, throughout the year, and a total of 38 half-day sessions was held. There were 22 children on the register at the beginning of the year, and 25 were referred for treatment during the year. The following table shows the types and number of defects referred :—

Defect	Number
Asthma	2
Chest exercises	11
Flat foot	10
Strapping	2
	<hr/> 25 <hr/>
Total number of attendances	410
Total number of treatments	411
Number discharged	25
Number on waiting list	1

Chiropody

52 half-day sessions were held by the Chiropodist at Ings Grove Clinic during 1949. A total of 138 cases was seen by the Chiropodist, and at the year end there were still 12 cases on the waiting list to be seen. The 138 cases seen made 698 attendances and the following table gives the types and numbers of conditions treated:—

Defects	Number	Defects	Number
Hallux Valgus	26	Under overlapping Toes	34
Hammer Toes	10	Hallux Rigidus	4
Pes Cavis	2	Weak Foot	16
Corns	45	Callus	16
Nail Conditions	12	Verrucae Pedis	27
Chilblains	8	Calcaneal Bursae	4
Hyperidrosis	3		

Cleanliness Inspections

Three routine inspections were carried out at each school by the school nurses and a total of 3,525 inspections and re-inspections was carried out. In 152 instances the condition was reported to be unsatisfactory. The condition of some of the children was unsatisfactory on more than one occasion. It should be pointed out that in the majority of cases the degree of infestation is extremely light.

The remedial procedure adopted on the discovery of these defects is to notify the parents informally in the first instance, visiting if necessary to give advice on the methods of dealing with infestation. If cure is not effected the nurse visits the home and interviews the parents, and finally, if it is evident that insufficient care is being exercised, the Statutory Notice under the Education Act, 1944, is sent requiring the child to be cleansed to the satisfaction of the Medical Officer or of the person appointed by him for that purpose within 48 hours.

The section of the report which follows, relating to the Sanitary Circumstances of the area and the work of the Sanitary Inspectors, has been compiled by Mr. H. H. Johnson, Chief Sanitary Inspector.

SANITARY CIRCUMSTANCES OF THE AREA

Sanitary Conveniences.

Closet Accommodation, December 31st, 1949.

Number of Privies	.....	.....	.....	.....	.....	237
„ Privy Middens	.....	.....	.....	.....	.....	145
„ Water Closets	.....	.....	.....	.....	.....	4,120
„ Waste Water Closets	.....	.....	.....	.....	.....	45
„ Pail or Tub Closets	.....	.....	.....	.....	.....	38
„ Privies discontinued	.....	.....	.....	.....	.....	9
Number of Water Closets provided during the year is as follows:—						
By conversion of Privies to Water Closets	.....	.....	.....	.....	.....	9
By provision of extra closet accommodation to existing property where insufficient	.....	.....	.....	.....	.....	4
By provision to new property	.....	.....	.....	.....	.....	90
By conversion of Waste Water Closets to W.C.'s	.....	.....	.....	.....	.....	Nil
By conversion of Tub Closets to W.C.'s	.....	.....	.....	.....	.....	Nil
Total						103
Number of Dry Ashpits	.....	.....	.....	.....	.....	19
Number of Dust Bins	.....	.....	.....	.....	.....	3,812

Ward	Privies	W.C.	Waste W.C.	Tub Closets	Bins
Eastthorpe	36	1055	10	5	957
Hopton	56	626	25	21	747
Battieford	68	1370	10	10	1077
Northorpe	77	1069	—	2	1038
Totals	237	4120	45	38	3819

SANITARY INSPECTION OF THE DISTRICT

Details of Inspections made.

The term “inspection” refers to the primary visit made to the premises. A “re-inspection” is a visit made after a notice has been given for the remedying of a defect, to ascertain the action taken to comply with the notice.

Total number of inspections made	.....	.....	.....	.....	2,230
Total number of re-inspections made	.....	.....	.....	.....	884

Dwelling Houses.

	Primary Inspections	Re-inspections
Ordinary	339	382
Municipal Houses	128	
Municipal Applications	321	
Housing Act, 1936, Overcrowded	37	2
Housing Act, 1936, for Demolition	9	2
Re Notifiable Diseases	30	

Sanitary Conveniences.

Water Closets	93	7
Privies	121	
Tubs	1	
Cesspools	3	
Septic Tanks	10	

Refuse Storage.

Ashplaces	7	1
Ashbins	88	34

Drains.

Inspections	143	4
Chemical Test	27	
Smoke Test	2	

Sewers

Sewers	2	
Street Gullies	3	

Factories.

Factories (with mechanical power)	51	7
Factories (without mechanical power)	11	
Factories (means of escape)	11	

Food Storage, Preparation, etc.

Bakehouses	27	
Butchers' Shops	2	2
Cowsheds	20	
Dairies, Milk Shops, Milk Stores	26	
Fish Friers	9	
Food Stores	57	2
Markets	1	
Shops	21	
Canteens	8	1
Slaughter Houses	230	
Ice Cream Premises	42	

Miscellaneous.

Accumulations	.....	.....	.....	.....	5	2
Animals, Poultry	.....	.....	.....	.....	3	
Canal Boats	.....	.....	.....	.....	3	
Nuisances Found	.....	.....	.....	.....	42	
Piggeries	.....	.....	.....	.....	11	
Rats and Mice	.....	.....	.....	.....	80	
Sanitary Inspections	.....	.....	.....	.....	12	435
Schools	.....	.....	.....	.....	10	
Smoke Observations	.....	.....	.....	.....	2	
Special Visits	.....	.....	.....	.....	151	
Tips	.....	.....	.....	.....	10	
Urinals	.....	.....	.....	.....	7	
Dangerous Structures	.....	.....	.....	.....	1	
Entertainment Houses	.....	.....	.....	.....	1	
Wells	.....	.....	.....	.....	4	
Vermin	.....	.....	.....	.....	16	2

NOTICES SERVED

Informal Notices Served	.....	.....	.....	.....	.....	82
Informal Notices complied with	.....	.....	.....	.....	.....	65
Statutory Notices Served	.....	.....	.....	.....	.....	18
Statutory notices complied with	.....	.....	.....	.....	.....	11
Notices Outstanding at end of 1949	.....	.....	.....	.....	.....	25
Verbal Notices given and complied with for the Remedy of Defects, etc.	.....	.....	.....	.....	.....	36
Letters sent	.....	.....	.....	.....	.....	37
Complaints received	.....	.....	.....	.....	.....	144
Complaints confirmed	.....	.....	.....	.....	.....	121

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED
Houses.

Houses made fit	.....	.....	.....	.....	.....	97
Cleansed or Limed	.....	.....	.....	.....	.....	7
Vermin Infested	.....	.....	.....	.....	.....	16
Overcrowding Abated	.....	.....	.....	.....	.....	33
Damp Proof Course Provided	.....	.....	.....	.....	.....	—
Washing Accommodation Improved	.....	.....	.....	.....	.....	1
Roofs Repaired	.....	.....	.....	.....	.....	31
Eaves, Spouting, Rain Water Fall Pipe Repaired	.....	.....	.....	.....	.....	13
Rain Water Pipe Disconnected	.....	.....	.....	.....	.....	2
External Walls Repaired	.....	.....	.....	.....	.....	12
Internal Walls Repaired	.....	.....	.....	.....	.....	35
Floors Repaired	.....	.....	.....	.....	.....	5
Doors Repaired	.....	.....	.....	.....	.....	6

Fire-places Repaired	.....	.....	.....	.....	.....	.....	19
Wells Abolished	.....	.....	.....	.....	.....	.....	—
Yards Paved	.....	.....	.....	.....	.....	.....	1
Yards Cleansed	.....	.....	.....	.....	.....	.....	2
Dangerous Structures Removed	.....	.....	.....	.....	.....	.....	—
Coal Stores Improved	.....	.....	.....	.....	.....	.....	2
Ventilation Improved	.....	.....	.....	.....	.....	.....	3
Food Stores Improved	.....	.....	.....	.....	.....	.....	2
Drains.							
Opened for Inspection	.....	.....	.....	.....	.....	.....	3
Repaired	.....	.....	.....	.....	.....	.....	5
Reconstructed	.....	.....	.....	.....	.....	.....	1
Cleansed by Owner	.....	.....	.....	.....	.....	.....	9
Ventilated	.....	.....	.....	.....	.....	.....	1
Disconnected	.....	.....	.....	.....	.....	.....	—
Accumulations.							
Manure	.....	.....	.....	.....	.....	.....	2
Other	.....	.....	.....	.....	.....	.....	5
Animals, Poultry, etc.							
Nuisances Abated	.....	.....	.....	.....	.....	.....	4
Ash-bins and Ash-Places.							
Bins Renewed	.....	.....	.....	.....	.....	.....	61
Ash-places Repaired	.....	.....	.....	.....	.....	.....	2
Water Closets.							
Cleansed or Limed	.....	.....	.....	.....	.....	.....	19
Repaired	.....	.....	.....	.....	.....	.....	29
Additional W.C.'s Provided	.....	.....	.....	.....	.....	.....	4
Privies Repaired	.....	.....	.....	.....	.....	.....	2
Sinks.							
New Sinks Provided	.....	.....	.....	.....	.....	.....	39
Waste Pipe Trapped	.....	.....	.....	.....	.....	.....	36
Waste Pipe Repaired	.....	.....	.....	.....	.....	.....	5
Piggeries.							
Swine Removed	.....	.....	.....	.....	.....	.....	1

SHOPS ACT, 1934

Regular visits have been made under the Shops Act, 1934, during the year. No contraventions of the Act have been found.

SMOKE ABATEMENT

Two observations were made during the year, and in no case was excessive emission of black smoke noted.

It has to be remembered that under existing legislation the emission of black smoke for a period not exceeding three minutes each half hour does not constitute an offence and a factory may emit smoke more or less continuously in moderate quantities.

I have observed informally the emission of smoke from factories in the area throughout the year. I am of the opinion that generally some improvement has taken place during the past year.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS AND REGULATIONS

All premises and occupations within the district which can be controlled by Bye-Laws are already so controlled. There are no lodging-houses or underground sleeping rooms and only occasionally do we have van dwelling in the district.

WATER

The district received the bulk of its supplies from Huddersfield Corporation. The supply is constant and direct to the houses.

Complaint was made during the year to the Water Undertakers concerning the unsatisfactory state of the water (discoloured) in the Hopton area. The discolouration was attributed to the state of the reservoirs due to the drought. It was eventually found necessary due to the drought to introduce into certain areas of the district curtailed supplies of water from stand-pipes. As a result of this shortage many residents in the area commenced to use certain springs. A check was made of these sources and in two cases the supplies were found to be polluted and unsatisfactory for consumption. Warning notices were immediately placed at the springs and the inhabitants concerned warned to boil all water.

In addition to the supply from the Huddersfield Corporation there are six shallow wells, four springs and one private reservoir in the area.

Eleven samples of water were submitted to the Laboratory for bacteriological examination during the year and four samples were submitted for chemical examination.

PLUMBO-SOLVENCY OF WATER SUPPLIES

Two samples of water from the Huddersfield Corporation mains supply were submitted for examination as follows:—

SUPPLY Date Sample Collected	Address at which collected	RESULT OF EXAMINATION		P.H. Value
		Approx. Length of Lead Service Pipe	Lead Content (grains per gallon)	
24/3/49 HUDDERSFIELD CORP. After standing in pipe for a measured period of $\frac{1}{2}$ hour	Council Offices Mirfield	35 ft.	Nil	6.4
After standing in pipe all night	Council Offices Mirfield	35 ft.	Nil	6.8

DRAINAGE AND SEWERAGE

Except in isolated cases the district is provided with sewers. No other extension has been made during the year, with the exception of sewers to the housing estate, Kitson Hill Road.

RIVERS AND STREAMS

The River Calder runs through Mirfield and is in a polluted state when it enters the district. During the year the trade effluents from two industrial premises were connected to the sewer.

HOUSING

During the year 40 permanent houses as part of the second contract of 52 houses were completed. The demand for housing accommodation still remains an acute problem and is not likely to be eased for some considerable time.

The re-housing of tenants under the Council's "Points" scheme continues to work satisfactorily. The necessary visits of inspection occupies much of the Sanitary Inspector's time.

During the year an inspection of the new estates was made and it is pleasing to record that in general the tenants have reacted to their new environment in a most satisfactory manner and that a good standard of cleanliness was maintained.

A survey was also carried out of the 26 four bedroom type houses owned by the Council. It was found that 13 of the houses were under occupied and many more were likely to become under occupied in the near future. It would, therefore, appear that at the present time the Council have a sufficient number of this type of house for their needs.

It was found necessary during the year to make Demolition Orders in respect of 5 houses in the area. The condition of many of the older houses in the district is causing much concern. The heavy cost of repairs in relation to the income from such property is undoubtedly resulting in the neglect of many minor repairs which leads to the more rapid deterioration of the property concerned. This state of affairs is not confined to Mirfield and with the present rate of building of new houses it is obvious that large numbers of sub-standard houses will have to stand for many more years, and in my opinion this problem should receive immediate attention at national level.

Overcrowding.

I am pleased to report that remarkable progress has been made during the year in the abatement of Statutory Overcrowding. Two new cases were found during the year but 33 cases were abated and at the end of the year 12 cases only remained to be dealt with.

I must, however, make it quite clear that the statutory standard is very low and that many acute cases of moral overcrowding remain to be dealt with. In addition the figures do not include those families who are living with parents and friends and are without any home of their own.

Overcrowding Particulars.

(a)	I. Number of Dwelling Houses Overcrowded at the end of the year	.....	.....	.....	.....	12
	II. Number of Families dwelling therein	.....	.....	.....	.....	12
	III. Number of Persons dwelling therein	.....	.....	.....	.....	64
(b)	Number of New Cases of Overcrowding reported during the year	.....	.....	.....	.....	2
(c)	I. Number of Cases of Overcrowding relieved during the year	.....	.....	.....	.....	33
	II. Number of Persons concerned in such cases	.....	.....	.....	.....	169

INSPECTION AND SUPERVISION OF FOOD

Milk Supply.

On 1st October, 1949, the Ministries of Health, Agriculture and Fisheries, and Food, acting jointly issued the Milk and Dairies Regulations 1949, the Milk (Special Designation) (Raw Milk) Regulations 1949, the Milk (Special Designation) (Pasteurised and Sterilised) Regulations 1949. The effect of the Regulations was generally that the Ministry of Agriculture and Fisheries took over Registration of all Dairy Farmers and licensing of Designated Milk Producers and inspection of all such premises. The Local Authorities were left with certain responsibilities in relation to distribution of milk and registration of distributors and the issuing of dealers' and suppliers' licences in connection with designated milks. At the time of the operation of the Regulations there were in the area :

Producer Retailers in the District	.....	.....	.....	.....	20
Producers from Outside, Retailing in the District	.....	.....	.....	.....	7
Dairymen in the District	.....	.....	.....	.....	5
Dairymen from outside District	.....	.....	.....	.....	7
Cowkeepers in the District	.....	.....	.....	.....	27
Retail Purveyors in the District	.....	.....	.....	.....	40

In accordance with the Regulations it was necessary to make an inspection of all dairy premises and to register all distributors and all premises used as dairies, not being dairy farmers.

Number of Distributors registered in the area	.....	.....	.....	14
Number of Dairies registered in the area	.....	.....	.....	4

All dairies were made to comply with the Regulations and retailers of milk were interviewed and the requirements of the Regulations governing the distribution of milk, explained.

MILK (SPECIAL DESIGNATIONS) ORDER, 1936-38

Number of licenses in operation during 1949, to 1st October, 1949	21
---	----

Licenses issued by W.R.C.C. :

Accredited Milk	.....	.....	.....	.....	.....	7
Tuberculin Tested	.....	.....	.....	.....	.....	3

Licenses issued by the Council :

Licenses (Supplementary) to Retail Pasteurised Milk	.....	3
Licenses (Dealers) to Retail Pasteurised Milk	.....	3
Licenses (Supplementary) to Retail Tuberculin Tested Milk	.....	2
Licenses (Dealers) to Retail Tuberculin Tested Milk	.....	3

As from 1st October, 1949, it was necessary to issue licenses as follows :

Tuberculin Tested Dealers	.....	.....	.....	.....	.....	4
Tuberculin Tested Supplementary	.....	.....	.....	.....	.....	6
Pasteurised Dealers	.....	.....	.....	.....	.....	4
Pasteurised Supplementary	.....	.....	.....	.....	.....	5
Sterilised Dealers	.....	.....	.....	.....	.....	2
Sterilised Supplementary	.....	.....	.....	.....	.....	1

The operation of the new Regulations occupied a considerable amount of time during the latter months of the year.

BACTERIOLOGICAL EXAMINATION OF MILK

The Department continued throughout the year regular sampling of milk retailed in the district. During the year 41 samples of ordinary milk and 24 samples of designated milks were submitted to the Public Health Laboratory, Wakefield, for bacteriological examination. The results were as follows :—

GRADE	Total Samples	INSIDE DISTRICT		OUTSIDE DISTRICT	
		Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
Ordinary	41	17	12	10	2
Tuberculin Tested	5	5	—	—	—
Tuberculin Tested (Pasteurised)	4	—	—	4	—
Accredited	13	9	1	3	—
Pasteurised	2	—	—	2	—
	65	31	13	19	2

The results of the samples submitted for bacteriological examination show that of the 65 samples of milk from retailers 50 or 76.92% were reported to be satisfactory. It is significant that the greatest percentage of unsatisfactory samples was from ungraded milk.

In addition to the above, six samples were submitted for evidence of tuberculosis and each case was reported to be negative.

In view of the new Milk Regulations referred to above, it is in my opinion essential that Local Authorities should continue regular sampling of milk retailed in their area.

It would appear that the close supervision which has in the past been exercised by your inspectors at all dairy farms will not be continued by the Ministry of Agriculture and Fisheries, and that regular sampling will be necessary in order to ensure that the standard of cleanliness does not deteriorate.

FOOD AND DRUGS ACT, 1938

The West Riding County Council, acting as Food and Drugs Authority for the area, submitted during the year 55 samples for analysis under the Act.

Number of Samples taken under the Food and Drugs Act, 1938

MILK.		OTHER FOODS.	
Genuine	Adulterated	Genuine	Adulterated
43	1	11	—
Number of proceedings—Nil.		Cautions issued—One.	

In addition it was necessary to take "Appeal to Cow" samples at a dairy farm in the district, arising out of an adulterated sample taken by the Batley Health Authority. On investigation it was eventually found that the adulteration was due to a defective cooler. The producer was cautioned and the defective cooler has now been rectified.

REGISTRATION OF FOOD PREMISES

(a) Ice Cream.

Ten Premises are Registered for the sale of Ice Cream (pre-packed).

Two Premises are Registered for the Sale and Manufacture of Ice Cream (Cold Mix).

Visits have been made to all registered premises during the year. Two premises only manufacture ice cream and both are manufacturing the complete Cold Mix and comply with the requirements of the Ice Cream (Heat Treatment) Regulations 1947.

During the year your Inspector together with officials of neighbouring Authorities met at frequent intervals to consider the application of the Ice Cream (Heat Treatment) Regulations. An approved "Code of Standards" for the sale of ice cream from stalls, barrows, vehicles, etc., was drawn up and approved by the Local Authorities concerned. The approved requirements were circulated to all ice cream traders and it is hoped that as a result considerable improvement in the sale of the commodity will take place during the 1950 season.

It will be observed from the following table that regular samples of ice cream have been obtained. In two cases detailed investigations of the manufacture of the ice cream, arising from unsatisfactory samples, were carried out, and I am pleased to report that improved standards were thereby obtained.

No. of samples taken for testing by means of Methylene Blue Reduction Test	.....	.....	.....	.....	.....	25
No. of samples placed in provisional Grade I	.....	.....				8
No. of samples placed in provisional Grade II	.....	.....				9
No. of samples placed in provisional Grade III	.....	.....				4
No. of samples placed in provisional Grade IV	.....	.....				4

Grading is determined by the time taken to bring about reduction of methylene blue in the test. It gives an indication of cleanliness, but only a rough indication of bacterial content, and none whatever of the type of bacteria.

The Ice Cream (Heat Treatment) Regulations, 1947 suggest that over a six monthly period, 50% of a vendor's samples should fall into Grade I, 80% into Grades I and II, and not more than 20% into Grade III, and none into Grade IV.

(b) Register of Food (Preparation and Manufacture Premises).

Thirteen Premises are Registered for the Preparation or Manufacture of Food Products.

Fourteen are Registered for the Preservation of Fish Cooking.

These premises have been regularly inspected during the year, and apart from minor details, there has been no serious contravention of the Act during the year.

SLAUGHTER-HOUSES

The number of Licensed Slaughter-Houses in the district is seven.

Slaughtering for this District is carried out at the Spenborough Abattoir under the control of the Ministry of Food.

One Bacon Factory in the district is licensed for the slaughter of pigs and during the year regular post-mortem inspections of carcasses were carried out.

Details of inspections and condemnations during the year are shown as follows :—

No. of Inspections	CONDEMNATIONS			
	Tuberculosis	Weight	Other Causes	Weight
6112	16 pig carcasses and organs	lbs. 3098	60 pig livers	lbs. 240
	163 pig heads	1956	44 prs. pig lungs	132
	71 pig plucks	497	3 pig plucks	21
	6 pig livers	24	4 pig kidneys	2
	6 pig mesenteries	24	1 pig heart	1
	1 pr. pig lungs	3		

CONDEMNATIONS OF UNSOUND FOOD

The following items were surrendered and condemned as unfit for human consumption during the year :—

28 lbs. Sponge Cakes	102/3½ oz. jars Sandwich Spread
42 lbs. Tinned Milk	5 lbs. 10 oz. Tinned Peaches
3 lbs. 6 oz. Tinned Carrots	1 lb. 4 oz. Grapefruit Juice
3 lbs. Dried Milk	7½ lbs. Bacon
54 boxes Fish Cakes	5¼ lbs. Beef
2 lbs. 10 oz. Butter	1 lb. Scotch Broth
1 lb. 4 oz. Orange Juice	1 lb. Salmon
2 lbs. 3 oz. Tomatoes	3½ lbs. Oatmeal
10 lbs. Oats	6½ lbs. Semolina

RODENT CONTROL

Rats and Mice Destruction Act, 1919

Infestation Order, 1943

Once more throughout the year much time and attention has been spent on this important work. A 10% Test Baiting of the Sewers in the Area was carried out during the year and the infestation was found to be of minor proportions. Arising out of the Test Baiting the Ministry of Agriculture and Fisheries required a full treatment to be carried out at 26 manholes only. Takes were recorded at eight manholes.

In addition 12 treatments have been carried out at private premises with good results.

The control of rat infestation requires constant attention. The procedure recommended by the Ministry of Agriculture and Fisheries is being carried out. The work is now largely in the hands of Mr. J. Brown, Assistant Sanitary Inspector, and Mr. F. F. W. Popplewell, Foreman. I am satisfied that this essential duty is being efficiently and effectively carried out in the District.

STAFF

The appointment of an Assistant Inspector was approved during the year, and Mr. J. Brown took up his duties on the 1st April. The additional assistance met a long felt want. The Department has, however, suffered during the year from the absence through illness of Miss Jean White, Clerk, who has been absent from duty since July, and had not returned to work at the end of the year.

SCAVENGING

The Scavenging of the District has generally been satisfactory. A weekly collection of refuse has been largely maintained with the exception of holiday periods. The maintenance of a regular weekly collection, however, is becoming increasingly difficult, and I am not satisfied with the frequency of collections from the privy middens in the area. The new Dennis 10 cu. yd. Refuse Collector has not yet been delivered and it is hoped that the delivery of this machine next year, together with the re-organisation of the work will enable the present high standard to be maintained and even improved.

Details of the work carried out by the Department during the year are set out below :—

Wagon No.	Loads to tip	Bins	Privies	Ashpits	Pail Closets	Trade Refuse
1	1051	130,146	12	5	96	274
2	851	43,751	1811	1174	2325	248
4	49	2,807	—	3	29	13

Tipping at the Quarry, Stocks Bank Road was discontinued in November, and arrangements were made for tipping to be carried out at Messrs. Garforths', Brickyard, Taylor Hall Lane.

All refuse was disposed of by controlled tipping at the cost of a tipman's wage only.

COLLECTION AND DISPOSAL OF REFUSE

EXPENDITURE				£	s.	d.	£	s.	d.	£	s.	d.
Wages	.....	.....	.....	3617	16	4						
National Insurance	.....	.....	.....	135	12	3						
Superannuation	.....	.....	.....	57	15	10						
				<hr/>			3811	4	5			
Vehicle replacement and repairs							173	17	8			
Motor Licences	.....	.....	.....				97	10	0			
Petrol and Oil	.....	.....	.....				285	8	0			
Insurances	.....	.....	.....				32	16	11			
Rent and Rates	.....	.....	.....				61	2	0			
Balance of purchase—Karrier	.....						87	0	0			
Salvage	.....	.....	.....				58	7	7			
Sundries	.....	.....	.....				12	13	5			
Loan charges—Sinking Fund	.....			16	18	4						
Interest	.....			17	11	8						
				<hr/>			34	10	0			
							<hr/>			4654	10	0
INCOME												
Rents	.....	.....	.....				22	1	8			
Trade Refuse	.....	.....	.....				42	17	0			
Hire of Wagon	.....	.....	.....				12	6	3			
Salvage	.....	.....	.....				849	11	2			
							<hr/>			926	16	1
NET COST										<hr/>		
										£3727		
										<hr/>		
										13		
										<hr/>		
										11		

SALVAGE, 1949-1950

The results of the salvage effort during the year are set out below. The returns are again most encouraging and the income of over £800 assists materially in the economic running of the Department. The demand from the Board Mills for waste paper diminished during the year, and many Local Authorities discontinued the salvaging of this material. Due to the fact that we have always dealt direct with the Board Mills, I was able to continue to dispose of this material. In spite of the setback, 95 tons of waste paper were sold during the year, as against 103 tons in the previous year. The most disappointing factor arising out of the situation was that the price of the waste paper was decreased in September 1949 to £5 per ton as compared with £7 per ton previously. The income from the sale of salvage, however, was £802 as against £895 in the previous year; a figure which has only been exceeded three times since salvage work commenced in 1940.

I am convinced that the demand for waste paper will continue and that the Council were well advised to continue this work. I thank the employees of the Department for their enthusiasm and co-operation in this work during the year and also those householders and business houses who have assisted in this important work.

SALVAGE RETURNS

1948-49						1949-50					
Tonnage			Income			Tonnage			Income		
T.	C.	Q.	£	s.	d.	T.	C.	Q.	£	s.	d.
189	17	3	895	17	11	177	18	0	802	11	8

INCOME FROM SALE OF SALVAGED MATERIALS

					Tonnage			Income		
					T.	C.	Q.	£	s.	d.
Paper	.....	.....	.....	.....	94	19	1	550	4	3
Scrap Metal	.....	.....	.....	.....	9	16	0	26	19	1
Tins	.....	.....	.....	.....	7	11	2	12	4	7
Rags	.....	.....	.....	.....	0	12	0	12	15	6
Kitchen Waste	.....	.....	.....	.....	64	19	1	200	8	3
					177	18	0	£802	11	8

Income from Sale of Salvaged Materials—1940-1949

					Tonnage			Income		
					T.	C.	Q.	£	s.	d.
1940	.....	.....	.....	.....	177	9	1	525	17	4
1941	.....	.....	.....	.....	171	7	2	595	13	2
1942	.....	.....	.....	.....	227	16	0	1,023	15	5
1943	.....	.....	.....	.....	210	11	3	857	8	10
1944	.....	.....	.....	.....	176	19	0	677	18	8
1945	.....	.....	.....	.....	168	15	2	621	16	10
1946	.....	.....	.....	.....	175	4	0	665	10	5
1947	.....	.....	.....	.....	175	6	3	775	14	1
1948	.....	.....	.....	.....	189	17	3	895	17	11
1949	.....	.....	.....	.....	177	18	0	802	11	8
					1851	5	2	£7,442	4	4

The above are the results of the salvage efforts in the area during the past years and indicate the benefits accruing to the nation and to the district by this means.

APPENDICES

- A. Vital Statistics of the Mirfield Urban District for 1940-1949.
1940-1949.
- B. Infantile and Maternal Mortality Rates of Mirfield for the
past twenty years.
- C. Notifications of Infectious Disease in Mirfield Urban
District, 1930-1949.
- D. Adoptive Acts in force in the District.
Bye-Laws in force in the District.
- E. Staff of the Health Department.

VITAL STATISTICS OF THE MIRFIELD URBAN DISTRICT FOR 1940-1949

Year	Population estimated to middle of each year	Births		Net Deaths belonging to the District			
		No.	Rate	Under 1 year		At all ages	
				No.	Rate per 1,000 Births	No.	Rate
1940	11,520	132	11.5	6	45.1	164	13.5
1941	11,560	112	9.7	11	97.3	154	13.3
1942	11,280	158	14.0	11	69.6	153	13.6
1943	11,040	161	14.6	4	24.8	157	14.2
1944	11,170	193	17.3	6	31.1	140	12.5
1945	11,070	197	17.8	5	25.4	140	12.6
1946	11,480	154	13.4	5	32.0	163	14.2
1947	11,690	239	20.4	8	33.5	192	16.4
1948	11,950	205	17.2	6	29.2	170	14.2
1949	11,940	187	15.6	4	21.3	167	13.9

INFANTILE AND MATERNAL MORTALITY RATES OF MIRFIELD FOR THE PAST 20 YEARS

Year	Births	Infant Deaths	Maternal Deaths	Infant Mortality Rate	Maternal Mortality Rate
1930	163	5	—	18.4	—
1931	158	8	—	51.0	—
1932	153	14	—	91.0	—
1933	152	10	1	66.0	6.6
1934	176	8	2	67.0	11.4
1935	169	7	—	41.4	—
1936	144	7	—	48.6	—
1937	142	7	1	49.3	6.8
1938	146	6	1	41.1	6.5
1939	121	7	—	57.8	—
1940	132	6	—	45.1	—
1941	112	11	—	97.3	—
1942	158	11	—	69.6	—
1943	161	4	—	24.8	—
1944	193	6	1	31.1	5.2
1945	197	5	—	25.4	—
1946	154	5	—	32.0	—
1947	239	8	—	33.5	—
1948	205	6	—	29.2	—
1949	187	4	—	21.3	—

NOTIFICATIONS OF INFECTIOUS DISEASE in Mirfield Urban District, 1930-1949

Year	Smallpox	Poliomyelitis and Polioencephalitis	Enteric Fever	Scarlet Fever	Diphtheria	Pneumonia	Cerebro-Spinal Fever	Erysipelas	Malaria	Puerperal Fever	Puerperal Pyrexia	Opthalmia Neonatorum	Respiratory Tuberculosis	Other Tuberculosis	Measles	Whooping Cough	Encephalitis Lethargica	Dysentery	Other Diseases	Totals
1930	5	—	—	74	7	17	—	1	—	—	1	2	8	6	—	—	1	—	—	122
1931	—	—	1	20	—	10	1	3	—	2	—	2	11	3	—	—	—	—	—	53
1932	—	—	—	33	23	12	1	6	—	—	—	—	6	—	—	—	—	—	—	81
1933	—	—	—	45	59	7	2	2	—	—	—	1	4	1	—	—	—	—	—	121
1934	—	1	—	38	50	1	—	9	—	—	2	1	4	2	—	—	—	—	—	108
1935	—	—	—	28	17	5	1	6	—	—	2	3	5	6	—	—	—	—	—	72
1936	—	—	—	14	11	2	—	4	—	1	2	1	6	3	—	—	—	1	—	48
1937	—	—	—	17	3	3	—	2	—	—	—	3	6	3	—	—	—	—	—	37
1938	—	—	1	31	4	6	—	4	—	—	2	1	4	6	1	—	—	—	—	58
1939	—	—	—	5	3	4	—	2	—	—	—	—	8	—	—	3	—	—	—	27
1940	—	—	—	13	22	3	4	2	—	—	—	—	7	3	237	2	—	—	—	293
1941	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1942	—	—	—	109	20	—	—	5	—	—	5	—	5	3	33	11	—	—	—	195
1943	—	1	—	60	23	4	1	3	—	—	—	—	2	3	233	7	—	1	—	339
1944	—	—	—	22	4	—	1	2	—	—	1	—	6	2	12	5	—	—	—	55
1945	—	—	—	26	7	—	1	—	—	—	—	1	4	2	110	6	—	—	—	157
1946	—	—	—	17	—	1	—	1	—	—	—	—	6	1	18	5	—	—	—	49
1947	—	6	—	2	—	1	—	—	1	—	—	2	6	5	172	5	—	—	—	200
1948	—	—	—	16	—	1	—	4	—	1	—	—	6	3	43	20	—	1	—	97
1949	—	11	1	6	—	1	—	1	—	1	—	2	11	3	140	26	—	—	1	202

ADOPTIVE ACTS, ETC., IN FORCE IN THE DISTRICT

Act	Date of Operation
Public Health Acts Amendment Act, 1890—	
Part III	1st July, 1891
Private Street Works Act, 1892	1st June, 1899
Public Health Acts Amendment Act, 1907 :—	
Sections 27 and 33 and the whole of	
Part III	28th September, 1909
Part VI	17th January, 1921
Sections 15 to 23 inclusive	24th August, 1926
Public Health Act, 1925 :—	
Sections 13 to 19 (inclusive), 23 to 33	
(inclusive), 35, 36 to 43 (inclusive)	
and Part IV	18th October, 1926
Sections 21, 22, 44 and Part V	1st February, 1927
Part VI	8th September, 1925
Furnished Houses (Rent Control) Act, 1946	18th March, 1949

BYE-LAWS IN FORCE IN THE DISTRICT

Cleansing of Footways	1874
Scavenging	1874
Hackney Carriages	1881
Offensive Trades	1922
Public Parks and Recreation Grounds	1928
Smoke Abatement	1929
Slaughter-houses	1932
New Streets	1932
Buildings	1939
Sale of Food	1949

STAFF OF THE HEALTH DEPARTMENT

Medical Staff.

WILLIAM M. DOUGLAS, M.B., Ch.B., D.P.H.

Medical Officer of Health.

Divisional Medical Officer.

Sanitary Inspector's Staff.

H. H. JOHNSON, M.S.I.A., Certificates of the Royal Sanitary Institute for the Inspection of Meat and Other Foods. Chief Sanitary Inspector. Cleansing Officer.

J. BROWN, Certificate of the Royal Sanitary Institute and the Sanitary Inspectors Examination Joint Board. Additional Sanitary Inspector. (Commenced 1st April, 1949).

Miss J. WHITE, Clerk.

Divisional Public Health Staff (Division 17, comprising Spensborough and Mirfield Urban Districts).**Medical Staff.**

SARAH KELLY, L.R.C.P., L.R.C.S., Assistant County Medical Officer. (Left May, 1949).

ELEANOR M. WHITEHEAD, M.B., Ch.B., Assistant County Medical Officer.

Clerical Staff.

Mr. P. MARSHALL, Chief Clerk.

Miss M. R. FURNESS.

Miss D. M. HODGSON.

Mr. L. HOLDSWORTH.

Miss M. POPPLEWELL.

Mrs. V. THEWLIS.

Health Visitors (Part-time School Nurses).

Miss D. DAY, S.R.N., S.C.M., H.V. Cert of R.S.I., Senior Health Visitor.

Miss D. SCHOFIELD, S.R.C., S.C.M., H.V. Cert. of R.S.I.

Mrs. M. E. DICKENS, S.R.N., S.C.M.

Mrs. M. RAYNER, S.R.N., S.C.M., H.V. Cert. of R.S.I.

Miss E. G. MITCHELL, S.R.N., S.C.M., H.V. Cert. of R.S.I.

Miss N. BLAGDEN, S.R.N., S.C.M., H.V. Cert. of R.S.I. (Commenced April, 1949).

Miss M. HARTLEY, S.R.N., S.C.M., H.V. Cert. of R.S.I. (Commenced June, 1949).

Assistant Health Visitors (Temp. School and Clinic Nurses).

Mrs. G. MARSHALL, S.R.N.

Miss A. B. DOBSON, S.R.N., S.C.M. (Left September, 1949, for H.V. Training).

Miss D. V. STAMPER, S.R.N., S.C.M. (Left September, 1949, for H.V. Training).

Miss J. P. WITHERS, S.R.N. (Commenced November, 1949).

Miss R. JESSOP, S.R.N. (Commenced October, 1949).

Miss M. GREENHOUGH, S.R.N., S.C.M. (Commenced April, 1949. Left September, 1949, for H.V. Training).

Mrs. J. RANGELEY, S.R.N., S.C.M. (Commenced January, 1949. Left September, 1949).

Midwives.

Miss E. J. POTTS, S.C.M.

Mrs. D. M. GOMERSALL, S.R.N., S.C.M.

Mrs. E. JOHNSON, S.C.M.

Mrs. B. RYDER, S.C.M.

Mrs. G. D. WATSON, S.C.M.

District Nurse Midwives.

Miss M. LAYCOCK, S.R.N., S.C.M.

Miss B. D. SHARP, S.R.N., S.C.M.

District Nurses.

Miss F. E. GAMBLE, S.R.N., Queen's Nurse.

Miss F. METCALFE, S.R.N., C.M.B., Queen's Nurse.

Miss E. BIRD, S.R.N., S.C.M., Queen's Nurse.

Miss E. PHILLIPS, S.R.N., Queen's Nurse.

Mrs. E. SAYLES, S.R.N., S.C.M.

Dental Staff.

Mr. H. TAYLOR, L.D.S.

Miss K. COLLETT, Dental Attendant.

Moorend Day Nursery.

Mrs. W. M. BROOKE, S.R.N., Matron.

Miss K. ARMITAGE, S.E.A.N., Deputy Matron.

Miss M. A. LAWTON, Warden.

Miss L. RUSHWORTH, Nursery Assistant.

Mrs. C. DIAPER, Enrolled Assistant Nurse.

Miss A. M. LONGDEN, Nursery Assistant.

Part-time Staff.

Mr. B. D. VAINES, M.Ch.S., Chiropodist.

Miss D. RENDER, M.C.S.P., Physiotherapist.

Mr. L. WITTELS, M.D. (Vienna), D.O., Consultant Ophthalmologist.

